

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 9/1/2015	(3) CONTACT/PHONE Anne Robin, Behavioral Health Administrator 781-4719 Raven Lopez, Accountant III 781-4783	
(4) SUBJECT Request for approval to apply for a one-time State grant of up to \$1,000,000 with the California Health Facilities Financing Authority to build a Crisis Stabilization Unit at the Health Agency Campus. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve a request to apply for a one-time State grant of up to \$1,000,000 with the California Health Facilities Financing Authority to build a Crisis Stabilization Unit at the Health Agency Campus. All Districts.			
(6) FUNDING SOURCE(S) State	(7) CURRENT YEAR FINANCIAL IMPACT \$0.00	(8) ANNUAL FINANCIAL IMPACT \$0.00	(9) BUDGETED? No
(10) AGENDA PLACEMENT { x } Consent { } Presentation { } Hearing (Time Est. ____) { } Board Business (Time Est. ____)			
(11) EXECUTED DOCUMENTS { x } Resolutions { } Contracts { } Ordinances { } N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5 Vote Required { x } N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY { x } N/A Date: _____	
(17) ADMINISTRATIVE OFFICE REVIEW			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: 9/1/2015

SUBJECT: Request for approval to apply for a one-time State grant of up to \$1,000,000 with the California Health Facilities Financing Authority to build a Crisis Stabilization Unit at the Health Agency Campus. All Districts.

RECOMMENDATION

It is recommended that the Board approve a request to apply for a one-time State grant of up to \$1,000,000 with the California Health Facilities Financing Authority to build a Crisis Stabilization Unit at the Health Agency Campus. All Districts.

DISCUSSION

Governor Brown signed the Investment in Mental Health Wellness Act of 2013 (SB 82) into law on June 27, 2013. The Act is designed to expand access to early intervention and treatment services and expand California's continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness, resiliency, and recovery oriented. SB 82 is funded through State administered Mental Health Services Act (MHSA) funds, also known as Proposition 63.

The California Health Facilities Financing Authority (CHFFA) was authorized to administer a competitive grant process to fund at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds. Grant awards made by CHFFA were available for development, capital, equipment acquisition, and applicable program start-up costs associated with those programs. During the first round of grant funding in FY 2014-15, the Department applied for funds to build a Crisis Stabilization Unit and to expand current mobile crisis services. CHFFA awarded funds for the expansion of mobile crisis services in the amount of \$67,377 but did not fund the Crisis Stabilization Unit (CSU). A second and third funding round was subsequently released, but the Department did not apply.

The Behavioral Health Department is requesting to apply for fourth round grant funds to build a 4-bed CSU on the Health Agency Campus. The Department sought stakeholder and staff input to determine the greatest need for local individuals experiencing psychiatric emergencies in preparation for the grant proposal. It was determined that a 4-bed CSU would be the most beneficial for the community. Crisis stabilization is a direct service that provides individuals in severe distress with up to 23 consecutive hours of supervised care to assist with deescalating the severity of their crisis and/or need for urgent care associated with a mental health or substance use disorder. The primary objectives of this service are prompt assessments, stabilization, and/or a determination of the appropriate level of care. The CSU will give individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative for stabilization, as well as providing an alternative to those who meet the criteria but are better served by a crisis stabilization facility. An operational CSU is expected to reduce PHF admissions.

Studies have evaluated the effectiveness of 23-hour crisis stabilization/observation beds and have shown that nearly 50% of individuals admitted to PHF's could appropriately be served in a CSU (Gillig, et al., 1989). A 2000 study (Francis, et al.) demonstrated that patients with multiple usage of the inpatient psychiatric unit reduced PHF stays by 2/3 after admission

to a CSU. A lower admission rate to the PHF would be a relief to the often-crowded 16-bed County facility. PHF patients would also have an appropriate step-down level of care and may be admitted to the CSU after discharge from the PHF for further observation and care.

Additionally, the number of outpatient services is expected to increase as a result of outpatient referrals given by CSU staff upon client discharge. In a report entitled *Crisis Stabilization claims analysis: Technical Report published by Wilder Research* (2013), it was determined that crisis stabilization services can increase the number of outpatient services provided to clients. The short duration of the observation period facilitates rapid decision making and referrals to outpatient programs. Research concludes that a high level of distress often motivates patients to accept treatment programs that are immediately available.

The proposed 4-bed CSU will be built within a new modular unit specifically designed to be warm and welcoming while providing a more homelike experience for clients using the facility. The planned location of the CSU is located adjacent to the PHF and outpatient services and is already suited for a modular building including functioning electrical, water and sewage hook-ups.

The current California Code of Regulations requires a minimum of one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving crisis stabilization at any given time. The CSU will need, at a minimum, 12.50 FTE positions to provide 24-hour coverage. If awarded the grant, the Department would propose adding 2.0 FTE Mental Health Therapist IV's, 5.0 FTE Mental Health Therapist III's, 5.0 FTE Mental Health Worker I's, and a .50 FTE Health Information Technician I to meet the minimum staffing requirement. The MHT IV's will provide therapy services, MHT III's will provide case management and medication management services to clients, and Mental Health Worker I's will provide crisis support services. The Health Information Technician I will provide client record support in the Department's electronic health record. The Department will also explore the cost benefits and possible service efficiencies of contracting the services out to a local contractor.

The grant application is due by September 15, 2015. Counties will be notified of grant awards within 90 days of grant application submission. If the Department is awarded the grant, the grant award will be brought back to your Board for approval. The Department has already begun coordinating with General Services on estimated CSU costs and the anticipated timeline if funds are awarded.

OTHER AGENCY INVOLVEMENT/IMPACT

The use of MHSA Community Services and Supports funds were approved through the local MHSA community stakeholder process prior to the Department applying for first round funding. Stakeholders, including local law enforcement and hospitals, took part in sessions specifically aimed at improving crisis operations, including concepts within this grant proposal. In developing the original first round grant application, the Department worked closely with General Services to determine facility costs.

FINANCIAL CONSIDERATIONS

If awarded, the grant will fund 100% of the cost to build the CSU, as well as three months of startup costs. The estimated amount of grant funds to be requested is \$1,000,000. The Department is working with General Services on the estimated costs to build the CSU. Once the CSU is built, the services provided will generate revenue through Medi-Cal reimbursement (Federal Financial Participation) which will offset a portion of the on-going costs. The estimated on-going support cost for FY 2016-17 is \$1.43M and includes the addition of 2.0 FTE MHT IV's, 5.0 FTE MHT III's, 5.0 MHT Worker I's, and a .50 FTE Health Information Technician I. Actual costs during the first year of operation may be less than estimated and will depend on when the CSU is completed.

As detailed in the table below, Medi-Cal revenue and MHSA revenue will fund 85% of the annual on-going support costs. The MHSA stakeholder committee approved the use of Community Services and Supports revenue to fund a portion of the CSU expenses. The Department will request \$204K in General Fund in FY 2016-17 to fund the balance of the operating costs, if the grant is awarded.

FY 2016-17 CSU Support Costs	
Revenue	
Medi-Cal	\$ (531)
MHSA	(700)
Funding Needed	(204)
Total Estimated Revenue	\$ (1,435)
Expenses	
Salaries & Benefits	\$ 1,101
Services & Supplies	334
Total Estimated Expenses	\$ 1,435
<i>Numbers rounded to nearest thousand</i>	

RESULTS

The addition of a CSU in San Luis Obispo fulfills the intent of SB 82 by increasing access to effective outpatient and crisis stabilization services to better meet the needs of individuals with mental health conditions in the least restrictive manner possible. This modality has also proven effective in reducing wait times in emergency departments, reducing impact on local law enforcement agencies by allowing a more streamlined access to crisis services, and has better clinical outcomes for individuals who do not need acute inpatient treatment. Providing the most appropriate services to the clients increases the probability of positive treatment outcomes. Furthermore, positive treatment outcomes contribute to the wider County vision of a healthy and safe community.

The grant proposal will include a robust evaluation plan. The projected results to be measured include:

- Reduced direct requests to admit clients to PHF by law enforcement, by 10% in first year.
- Increase in outpatient service enrollments for Crisis clients, by 10% in first year.
- Improved symptom and wellness scores for Crisis clients, by 10% after first year baseline.
- 25% reduction in PHF admissions by Mobile Crisis staff.
- Decrease in CSU patients who re-admit after post-discharge triage, by 10% after first year baseline.
- Decrease in CSU clients who return for a crisis service from hospital, PHF, or jail within 15 and 30 days by, 10% after first year baseline.

ATTACHMENTS